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CONFIRMATION NO. 7203

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10/768,037		604	3739	BSCI-005/00US 027060-2020

APPLICANTS

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✓ ** CONTINUING DATA *****

✓ ** FOREIGN APPLICATIONS *****

✓ ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

04/29/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance <i>Initials</i>	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MA	8	25	4

ADDRESS

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TITLE

System and method for performing ablation using a balloon

FILING FEE RECEIVED 946	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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